MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)



FILING DATE

APPLICANT(S)

	ASF	ILED	AFT 1st AME	TER NDMENT	AF 2nd AME	TER NOMENT
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	ļ		<u> </u>		
2	!					
_ 3	 		 		 	
5		 '	 	 	 	
6	1	 	 	-	ļ	
7		,	 			
8	 	1			}——:	
9		1				
10		7				
11		1				
12						
13						
14	/_					
15	1					
16	1					
17		-{				
18 19						
20		/				
21		'/ 				
22		', 				
23		7	_	- $+$		
24		,				
25		1				
26		1				
27	1					
28						
29						
30		- (- 				
31	}	-/-				
33	+	- / - 				
34		-; 				
35	·	+				
36		,				
37		7				
38		1				
39		1				
40		1				
41						
42						
43		1]
44		4				
45		+				
46		\rightarrow				
48						
49						
50	$\neg \neg$		-			
OTAL	य					
VD.	١٧٦٠	. ↓		. ↓ ⊦		ا لي
EP.	40 1100					
DTAL LAIMS	401					

PTO-1360 (3-78)

<u></u>AR

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT of COMMERCE Patent and Trademark Office